



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 20, 2007

Kathy Fencil, Administrator
Ashley Manor - Hill Road, Ashley Manor LLC
3424 W Hill Rd
Boise, ID 83702

License #: RC-768

Dear Ms. Fencil:

On January 3, 2007, a life safety code survey was conducted at Ashley Manor - Hill Road, Ashley Manor Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 11, 2007

Richard Malm, Administrator
Ashley Manor - Hill Road, Ashley Manor LLC
3424 W Hill Rd
Boise, ID 83702

Dear Mr. Malm:

On January 3, 2007, a life safety code survey was conducted at Ashley Manor - Hill Road, Ashley Manor LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 2, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R768	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2007
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HILL ROAD, ASHLEY MANC		STREET ADDRESS, CITY, STATE, ZIP CODE 3424 W HILL RD BOISE, ID 83702		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 03, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

2FGN21

If continuation sheet 1 of 1



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Ashley MANOR - Hill Road	Physical Address 3424 West Hill Road	Phone Number 208-344-5807
Administrator Richard Malm	City Boise Id	ZIP Code 83702
Survey Team Leader Taylor BARKLEY	Survey Type	Survey Date 1-3-7

[illegible]

Response Required Date 2-3-7	Signature of Facility Representative 	Date Signed 1-3-7
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